PRE-REGISTRATION

1. PURPOSE: This Veterans Health Administration (VHA) Directive mandates the use of the Pre-registration Program processes and associated software currently installed on the Veterans Health Information Systems and Technology Architecture (VistA) at Department of Veterans Affairs (VA) medical centers and Veterans Integrated Service Network (VISN) offices.

2. BACKGROUND

a. The VHA Revenue Program is one of VA's top priorities. VHA's Revenue Optimization Plan Enhancements detail critical steps that must be accomplished or improved to achieve maximum collection potential. One of the key factors in achieving this goal is the use of the Pre-registration software and reports.

b. The Pre-registration Program, established October 1, 1998, supplements the medical center's normal registration process for establishing a beneficiary's record, capturing personal information, determining eligibility for VA care, or the editing of that information using the load/edit application. Pre-registration is one of the tools available at each facility to ensure accurate and timely updates of patient demographics and insurance information prior to a scheduled outpatient visit or procedure.

c. Documentation of nationwide utilization of the Pre-registration function has been required by the Office of the Inspector General (OIG). VistA patch IB*2*272 was created to generate a report that will satisfy this requirement. Data is collected and monitored annually to determine the use of the Pre-registration process.

d. On June 2, 2006, the creation of an updated Pre-registration telephone call script was announced on the Deputy Under Secretary for Health for Operations and Management (10N) Director's National Call. Due to recent privacy events, this updated script directs anyone who performs Pre-registration by telephone not to ask for specific sensitive information. Use of the new script is mandatory (see Att. A).

e. Pre-registration updates the following information: veteran's complete address, home and work telephone numbers, insurance information, next-of-kin, emergency contact, and employer information. Pre-registration is normally associated with, but is not limited to:

(1) Calling the veteran at the veteran's residence, where information may be more readily available, in advance of scheduled appointments at the VA facility.

(2) Mailing the veteran a VA Form 10-10EZR, Health Benefits Renewal Form, for completion at the veteran's home where family members may assist in gathering information. The veteran needs to return the completed form to the facility, where Pre-registration personnel input any changes. ***NOTE:*** *The use of locally-produced forms is prohibited by the Office of Management and Budget (OMB).*

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(3) Updating patient information on the same day of the appointment through a face-to-face interview or a centralized check-in station if the patient would prefer not to update information over the telephone.

f. When a patient interview is completed in VistA, personnel need to date stamp the appropriate screen using the Pre-registration software. Those veterans who have verified the data in their account drop from the Pre-registration call list for 180 days, regardless of the number of appointments scheduled. ***NOTE:*** *This parameter can be adjusted in VistA if the sites wish to verify information more often.*

g. The following benefits can be derived from using the Pre-registration Program:

(1) Producing and maintaining more accurate demographic and health insurance information within the VistA database decreases rework, delays, and frustrations for veterans and employees.

(2) Gathering and updating pertinent insurance information increases revenues.

(3) Obtaining correct addresses at the time of Pre-registration helps prevent the return of undeliverable mail. Each prescription, appointment letter, patient co-payment billing, or informational letter that is returned costs the medical center money. Correcting this data has the potential of saving significant amounts of dollars.

(4) Reminding patients of scheduled appointments helps reduce the no-show rate.

(5) Gathering all pertinent information prior to a scheduled appointment decreases the waiting time for the veteran, therefore improving customer service throughout the medical center.

(6) Using reports derived from the Pre-registration Program information improves management's ability to monitor and direct resources, as well as to identify revenue increases resulting directly from Pre-registration.

3. POLICY: It is VHA policy that all VHA medical centers must use the Pre-registration Program and all associated processes, procedures, and designated reports as tools to identify and update, as appropriate, veterans demographics and insurance information. ***NOTE:*** *Medical centers not using the Pre-registration processes or not submitting the required Pre-registration Report are reported to the Office of the Deputy Under Secretary for Health for Operations and Management (10N) for appropriate follow-up action.*

4. ACTION

a. **Medical Center Director.** The medical center Director is responsible for designating a Pre-registration Coordinator, which may be a collateral duty, to oversee Pre-registration activities, functions, and reports.

b. **Pre-registration Coordinator.** The Pre-registration Coordinator is responsible for ensuring:

(1) All Pre-registration tools are utilized correctly.

(2) The new Pre-registration telephone call script replacement pages (see Att. A and Att. B) are used, and substituted for the existing pages in the Pre-registration User's Manual.

(a) This new script is to be utilized by any personnel assigned telephonic Pre-registration functions, to include any contracted entities that provide Pre-registration services, either at the facility or at an off-site location.

(b) Telephone Pre-registration personnel do not request that the veteran verify sensitive information such as Social Security Number, date or place of birth, or mother's maiden name.

(3) Appropriate well-trained staff and resources are assigned to the Pre-registration function, and that this staff understands the importance of obtaining current and accurate data. *NOTE: For additional information regarding Pre-registration training and procedures see the managers and desktop guides at http://vaww1.va.gov/cbo/rcbilling/directivesguides.asp   Replace pages 43 and 58 in the Pre-Registration Desktop Users Guide with Attachment A and Attachment B, as noted; and delete page 59 in the Pre-Registration Desktop Users Guide.*

(4) The veteran is contacted prior to the veteran's appointment and that the demographic and insurance information is updated using the Pre-registration package. Information for patients who cannot be reached prior to their appointments, or who prefer to give information in person may be updated on the same day of the appointment, but prior to the appointment. However, efforts need to be concentrated on completing the Pre-registration updates well before the day of the appointment.

(5) Usage of the Pre-registration Program by monitoring the Percentage of Patients Pre-Registered Summary Report data. *NOTE: It is recommended that this report be run on a monthly basis and results retained using the Excel spreadsheet format shown in Attachment C.*

c. **VISN Director.** The VISN Director is responsible for ensuring:

(1) Results of the Percentage of Patients Pre-Registered Summary Report are compiled at the end of each fiscal year by month for each facility within the VISN.

(2) The VISN fiscal year summary of facilities by month is forwarded to the Chief Business Office (16) to the point of contact designated on the data call reminder.

d. **Chief Business Officer (CBO).** The CBO is responsible for:

(1) Monitoring the use of the Pre-registration Program through an annual review of the Percentage of Patients Pre-Registered Summary Report submitted by each VISN,

(2) Communicating results of annual review to VISN and VHA Senior Management, and

(3) Providing education and training opportunities for appropriate staff on Pre-registration policies and procedures.

5. REFERENCES

a. Revenue Cycle Improvement Plan, September 2001.

b. OIG Report, Audit of Medical Care Collection Fund Program, 01-00046-65, February 26, 2002.

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Officer (16) is responsible for the contents of this directive. Questions may be directed to (202) 254-0400**.**

7. RESCISSION: This VHA Directive 2004-057 is rescinded. This VHA Directive expires February 28, 2012.

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Attachments

DISTRIBUTION: CO: E-mailed 2/2/07
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ATTACHMENT A

SCREEN ONE SCRIPT

NOTE: These two pages replace the text on pages 43 in the Pre-registration Desktop Guide.

page 43   page 43a

DO NOT ask for Social Security Number, Date of Birth, Mother's Maiden Name or Place of Birth

Good Morning *(afternoon/evening)*, my name is _____- and I am calling from the
VA. May I speak with _____?
                     (veteran's name)

IF VETERAN IS NOT AVAILABLE:

I'm calling from the _____ to update some demographic information
                    (your facility)
...May I leave a message for him/her to call me back at _____.
                                                  (your phone # here)

IF VETERAN IS AVAILABLE CONTINUE WITH:

Please know that your privacy and the confidentiality of your personal information
are very important to me and to VA. The purpose of my call is to update your
insurance and certain other demographic information before your upcoming
appointment. This will assist in reducing administrative time or delay at your
appointment.

**If the veteran expresses concern about the telephone update process offer the
following:**
If you are not comfortable discussing this over the phone I will be happy to send you
an update form through the mail or, if you prefer, you may update this information
when you have your next clinic visit.

If the veteran asks how s/he can verify that you are really calling from VA:
Provide the veteran with the identifying information developed by your VAMC and
the toll-free number he can call to inquire about the Pre-registration program.

If veteran agrees:
To ensure that I am talking to Mr./Ms._____, please provide me with your
....*(veteran's name)*
current home address or residence.
If correct: Thank you. When is your next appointment?

If correct: Thank you. I will go ahead with my questions.

If appointment is incorrect proceed to final script below.

SCREEN 1 QUESTIONS (continued)

If address is incorrect: I am sorry, but that does not match the address we have on file. Perhaps you have moved. What was your last address?

If last address is correct: Thank you. That matches what we have in our records,

If address information or appointment information is incorrect: I am sorry, but that does not match our records. We will flag your record so that we can update your information during your next appointment. Thank you for your time.

If both address and appointment are correct, continue with scripts that follow each screen.

ATTACHMENT B

TELEPHONE TIPS AND HINTS

NOTE: This page replaces the text on pages 58 in the Pre-registration Desktop Guide.

page 58

This page replaces the text on pages 58 in the Pre-registration Desktop Guide.

TELEPHONE TIPS & HINTS

1. DO NOT ask for Social Security Number, Date of Birth, Mother's Maiden Name or Place of Birth

2. BE ENTHUSIASTIC. Many of the veterans are very skeptical about giving personal information over the phone. If they sense hesitation in your voice, in many cases, they will not talk to you.

3. LISTEN. You will need to listen to the whole answer. There are some questions that the veteran may not understand, and you will need to make sure that you are getting the right answer to the right question. This is especially true with health insurance questions (Screen 5.) Elderly veterans often may confuse the word "health insurance" with "house insurance," or begin to tell you about their life or car insurance. Sometimes, you may encounter a veteran who will begin to tell you war stories or bad experiences with past medical care. In most cases, these individuals do not expect a reply, so do not offer one. Be patient.

4. SPEAK CLEARLY. The veteran may have a hearing problem and you may need to slow down and pronounce words clearly. It doesn't mean you have to shout or speak louder, just more clearly. This will avoid frustration and unclear communication on the both ends of the phone. You may want to substitute words to assist the veteran. For example, try "medical" insurance instead of "health" insurance.

5. COMPLETE THE SCREENS. Do ask open-ended questions whenever possible, such as "What is your current address?" or "Who is your legal NOK?" Don't ask "Has your address changed?" Ask follow-up questions to clarify the answers, such as "Is this your wife?" or "What is your relationship to that person?"

6. THE RIGHT TO KNOW. Each veteran has the right to know why you are calling. Make sure he or she is at ease about the conversation.

7. DO NOT GET DEFENSIVE. The veterans do not know you - be understanding. They have nothing against you personally. Don't get defensive when challenged or listening to complaints. Be patient and professional.

8. DO NOT PUSH AGAINST RESISTANCE. If the veteran refuses to provide any information, pushing will not help. If he or she does not feel comfortable providing information over the telephone, then suggest that he or she provides the information in person during the next visit. Provide an appropriate contact.

9. KNOW VA terminology, as well as your facility and the system's operational requirements.

10. SAY "THANK YOU"! It is very important to thank the veteran for his or her help and time in reviewing and updating the information.

ATTACHMENT C

SAMPLE OF AN EXCEL SPREADSHEET FORMAT FOR REPORTING
PERCENTAGE OF PATIENTS PRE-REGISTERED

Percentage of Patients Pre-Registered Report							
Facility & Sta #	XYZ VAMC Sta #1111			Year	2005		
Month	# Unique OP treated	# pre-reg within timeframe	Percent Pre-registered	# pre-reg past timeframe	# never pre-reg		
Jan	100	60	60%	2	10		
Feb	200	60	30%	9	1		
Mar	200	80	40%	8	25		
Apr	150	100	67%	2	9		
May							
Jun							
Jul							
Aug							
Sep							
Oct							
Nov							
Dec							

Example